

Flu Advisory Board (FAB) Meeting Minutes

February 24, 2010

Members Present: Susan Peters (MDCH), Larry Judge (MDCH), Glen Love (Merck/CSL), Elaine Houser (Oakland County Health Division), Barbara Draper (Oakland County Health Division), Patricia White (Oakland County Health Division), Janice Arsenault (MDCH), Carolee Besteman (MPCA), Terri Adams (MDCH), JoEllen Wolicki (MDCH), Barbara Wolicki (MDCH), Rosemary Franklin (MDCH), Bea Salada (MDCH), Steve Ohman (Spectrum Health), Neil Huyck (GSK), Jim Mathews (HomeTown Pharmacies), Vanita Shaw (GSK), Michael Michaels (MedImmune), Dave Buikema (MedImmune), Tracy Newhouse (UM Michigan Visiting Nurses), Doug Detwiler (sanofi pasteur), Morgan Stocking (MHA), Judy Gwozdek (Washtenaw County P.H.), Donna Nussdorfer (Washtenaw County P.H.), Pat Krehn (Public Health Muskegon County), Sue Schryber (Ottawa County Health Dept.), Allison Marlatt (MDCH-Medicaid Policy), Leonard Pollack (Henry Ford Medical Group), Denise Sloan (MIAAP), Mark Upfal (DMC Occupational Health), Talat Danish (WCDPH), Lisa Ailstock (Kalamzaoo College), Tawnya Simon (Saginaw County Health Dept.), Jeff Romano (Meijer), Eden Wells (MDCH), Ruta Sharapani (MDCH), Rob Miller (MDCH), Pat Vranesich (MDCH), Bob Swanson (MDCH), Cristi Carlton (MDCH), Courtnay McFeters (MDCH)

Members on the Phone: Kim (Monroe County), Jim (Kroger), Regina (Calhoun County)

MDCH Updates

Presentation 1: Cristi Carlton – FluBytes and Pandemic Influenza Communication Survey – Preliminary Results

MDCH distributed a 10 question online survey via SurveyMonkey to approximately 780 partners who receive the weekly FluBytes newsletter. As of the meeting there were 126 responses. The survey is still open and FAB members are encouraged to complete the survey. Preliminary results of the survey were reported.

FluBytes:

- 43% of respondents redistribute FluBytes to ~4,500 people
- 46% has accessed online archives; 27% have referred others to archives
- Respondents would like more of the following information included in FluBytes: Vaccine Distribution (11%), Vaccine recommendations (16%), Disease Surveillance (17%), Public Education/Promotional Materials (27%), and 59% said the current of information is fine.

Pandemic Influenza Communication:

- Respondents found the following information sources useful: Email as information is updated (73% - extremely helpful); Weekly newsletters (34% - extremely helpful; 49% somewhat helpful); Websites (52% - extremely helpful); Conference calls (43% - extremely helpful); Webinars (44% extremely helpful); TV news (25% not helpful) and; internal updates from within individual organizations (42% somewhat helpful; 38% - extremely helpful).

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- Respondent identified the following as their primary source of information: MDCH (49%); CDC (40%); LHD (8%); HHS (2%) and WHO (1%).
- 77% responded that MDCH sent the appropriate amount of information; 18% responded not enough information and; 4% responded too much information.

Presentation 2: Cristi Carlton - Flu Activity & Surveillance

International Activity: most areas are seeing declining levels of flu activity; 2009 H1N1 virus continues to be the predominate virus; 212 countries have reported laboratory confirmed cases, including at least 15,921 deaths; influenza B now accounts for 82% of flu virus detections in China and nearly 35% in Hong Kong

US Activity: Low levels of flu activity; no states reporting widespread influenza activity, 3 states reported regional; 262 reports of influenza-associated pediatric deaths (since August 30, 2009); influenza B viruses co-circulating at low levels with 2009 influenza A (H1N1) viruses

Michigan Activity: All surveillance indicators are lower than the levels seen at this time last year; 2,106 flu-associated hospitalizations, 79 influenza-associated deaths, and 5 pediatric mortalities from 9/1/09 to 2/13/10

FDA voted that the following viruses be used for influenza vaccines in the 2010-2011 influenza season:

- an A/California/7/2009 (H1N1)-like virus;
- an A/Perth/16/2009 (H3N2)-like virus*;
- a B/Brisbane/60/2008-like virus.

*A/Wisconsin/15/2009 is an A/Perth/16/2009 (H3N2)-like virus and is a 2010 southern hemisphere vaccine virus

Comments and Questions & Answers:

How are the CDC Estimates of 2009 H1N1 cases, hospitalizations and deaths calculated?

According to CDC: A paper in *Emerging Infectious Diseases* entitled “Estimates of the Prevalence of Pandemic (H1N1) 2009, United States, April–July 2009”

(<http://www.cdc.gov/eid/content/15/12/2004.htm>) reported on a study to estimate the prevalence of 2009 H1N1 based on the number of laboratory-confirmed cases reported to CDC. Correcting for under-ascertainment, the study found that every case of 2009 H1N1 reported from April – July represented an estimated 79 total cases, and every hospitalized case reported may have represented an average of 2.7 total hospitalized people. Using this information in conjunction with additional surveillance information, CDC developed a method to provide an estimated range of the total number of 2009 H1N1 cases,

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hospitalizations and deaths in the United States by age group using data on flu associated hospitalizations collected through CDC's Emerging Infections Program.

Additional information can be found here:

http://www.cdc.gov/h1n1flu/estimates_2009_h1n1.htm

How does this compare to the seasonal flu 36,000 annual influenza-associated deaths estimate?

According to CDC: this estimate came from a 2003 *Journal of the American Medical Association* (JAMA) study (<http://jama.ama-assn.org/cgi/content/abstract/289/2/179>) which looked at the 1990-91 through the 1998-99 flu seasons and is based on the number of people whose underlying cause of death on their death certificate was listed as a respiratory or circulatory disease. During these years, the number of estimated deaths ranged from 17,000 to 52,000. This number was corroborated in 2009, when a CDC-authored study was published in the journal *Influenza and Other Respiratory Viruses* (<http://www3.interscience.wiley.com/cgi-bin/fulltext/122210846/PDFSTART?CRETRY=1&SRETRY=0>) This study estimated seasonal flu-related deaths comparing different methods, including the methods used in the 2003 JAMA study but using more recent data. Results from this study showed that during this time period, 36,171 flu-related deaths occurred per year, on average.

Comment: Usually there are 40-60 pediatric deaths every flu season. The number of flu-related pediatric deaths for the 2009-10 flu season (262) have been much higher than public health officials would have expected.

Is WHO still calling this a pandemic? Or will they move toward a post-pandemic phase? WHO is meeting today to decide. Currently we are in an inter-pandemic wave.

For more information on flu surveillance, see MI Flu Focus Surveillance Report and FluBytes Educational Newsletter (www.michigan.gov/flu).

Presentation 3: Terri Adams – Influenza Vaccine Supply & Distribution

Received CDC's seasonal flu vaccine stockpile. 920 doses of FluMist still remain at McKesson (these expire mid-March). All of the other seasonal flu vaccines went out. Continue to vaccinate – vaccine doesn't expire until June. If providers have a need for vaccine, notify the local health department so vaccine can be reallocated.

Pre-booking process for seasonal flu began today (CSL Biotherapies, sanofi Pastuer, MedImmune). Preparing for supply issues, high dose flu vaccine, universal recommendations, etc. Try to maintain momentum of people who came out for seasonal flu vaccine to get vaccinated against H1N1 flu.

Presentation 4: Pat Vranesich - H1N1 and Seasonal Flu Program Update

MDCH flu website recently redesigned based on some feedback from the general public; clinician webpage is the same

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H1N1 Provider Toolkit – program information, enrollment forms, resources, testing, PREP Act, etc.

What we know so far (as of February 9, 2010):

Provider agreements: 1,562 for seasonal flu; 3,628 for H1N1

MCIR enrollments: 1,562 for seasonal; 2,742 for H1N1 (far more users than this – these ones use inventory module)

Types of facilities: 17 for seasonal; 25 for H1N1

Vaccine doses ordered: 3,046,035 for seasonal; 2,725,000 for H1N1

Vaccine doses administered (MCIR): 1,043,254 for seasonal; 1,247,925 for H1N1

% doses in MCIR: 30% for seasonal; 51% for H1N1

Website hits (2009): 10,080 for seasonal; 135,061 for H1N1

Everyday LHDs faxed in provider orders for MDCH to enter into VACMAN system, upload in MCIR, and be processed at McKesson. Some states didn't do daily ordering processes – MI did. We are still processing orders on a daily basis.

Non-safety related vaccine recalls were a challenging message to communicate. With MCIR inventory, we were able to notify which providers had these recall doses. MCIR allowed us to contact these providers directly. Within a day, we were able to pull these inventories through MCIR. If this were a more severe recall of vaccine, MI would have been in great shape.

Many doses expired in February 2010. Make sure you pull these doses aside and wait for instructions on disposing these vaccines.

Population Coverage (MCIR Data):

Less than 19 years of age: 20% seasonal; 19% H1N1

19 years and older: 7.5% seasonal; 10% H1N1

6 months and older (BRFSS Data):

Seasonal: 31.3% MI; 34.4% National

H1N1: 12.6% MI; 13.6% National

Health Care Personnel (HCP): 25% nationally

Pregnant Women: 38% nationally (big success of the H1N1 program)

Adults living with or caring for individuals less than 6 months of age: 13.9%

Vaccine Safety Concerns: About one-half of parents worry that their children will get H1N1 flu; about two-thirds worry about safety of H1N1 vaccine; H1N1 vaccination is much less likely when parents worry more about vaccine safety (10%) than when parents worry more about H1N1 illness (56%).

Impacts of this season:

Lack of seasonal flu vaccine supply – we had a real opportunity to vaccinate many people and because of supply, we weren't able to reach as many.

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Early projection of large amounts of vaccine.
Presentation of flu vaccine available in first weeks.
Vaccine safety concerns from public.
Amount of disease decreased when vaccine supplies became available.
Perception of mild disease.

Comments:

Flu vaccination doses need to be entered into MCIR. We are lagging behind on entering seasonal flu data and 2009 H1N1 vaccines which was a requirement of the program.

Summaries of FAB Workgroup Reports

Preschool and Younger

Discussed efforts to continue the influenza vaccination campaign among children:

- Education about 3rd wave of disease
- 2nd dose letters sent to those 6 months- 10 that are not completely covered
- Recall letters sent to parent's of children at high risk for influenza-related complications
- Check influenza vaccination status when the child comes into the office for other vaccines and check-ups
- Sending messages to private providers
- Working with schools on plans for school-located clinics

Discussed successful vaccination strategies implemented during the H1N1 campaign

- Mass vaccination clinics
- WIC partnerships

Children and Adolescents (K-12 schools)

Discussed efforts to give 2nd doses to children; hard sell when disease activity is low;
Discussed that 2 doses for children through 9 years vs. 10 years – confusing message to parents

Adults

Discussed vaccination strategies implemented during the H1N1 campaign.
Discussed increasing the utilization of MCIR for Adult Immunizations.
Discussed the impact of the pandemic on colleges and universities.

Non-vaccine Interventions/Antivirals

This workgroup did not meet.

Health Care Personnel

Discussed Flu Vaccination Mandates.
Discussed organizations in Michigan that have mandatory programs.

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Steve Ohman discussed Spectrum Health's experience this past flu season. Spectrum has about 12,000 employees (including volunteers). In the past, about 40% of the healthcare personnel (HCP) were vaccinated against flu in any given flu season. After educational campaigns were conducted to encourage flu vaccination, the rate increased to 50%-52%.

Upper management supports the flu vaccine mandate. The decision was made to move the annual TB testing to fall, so that it would coincide with the beginning of flu season. This would be a process improvement. In March 2009 Spectrum announced that seasonal flu vaccine would be required by all employees beginning with the 2009-2010 flu season.

Originally, there were about 250 medical exemptions. There was a panel that reviewed all medical exemptions. After all the medical exemptions were looked into, only 128 medical exemptions remained. Three staff were terminated. All employees are included in the mandate (e.g., volunteers, contracting physicians, etc.). Spectrum doesn't have any unions.

Lessons learned: They want to get away from paper forms and move to strictly electronic records/forms. If someone with a legitimate medical exemption is involved with direct care – Must wear a mask.

For this coming season (2010-11), the FAB workgroup will explore putting together a letter encouraging all medical center executives to mandate flu vaccine for their employees. The workgroup wants the letter to be signed by many partners (e.g., MDCH, MACI, MSMS, and many other professional associations).

The workgroup's long-term recommendation is to monitor New York's experience with its statewide flu vaccine mandate for HCP. Ultimately, the workgroup is intending to recommend that Michigan follow New York's example and adopt a flu vaccine mandate for HCP in our state.

Ad Hoc - Vaccine Distribution/Ordering/Enrollment

Successful vaccination strategies

- Partnerships were successful (FAB, MACI, IAP, INE).
- Toolkit was wonderful and vaccine ordering worked well.

Lessons learned from H1N1

- Not enough vaccine was available
- At times, there were confusing messages from CDC and MDCH;
- Extremely large sharp containers were not practical;
- Some of the safety syringes were not very good;
- Ordering system was confusing for non-VFC (new) providers; enrollment vs. order form was confusing to providers;

Manufacturers/shipping updates (as of February 24):

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- MedImmune – expects to make about 12-15M doses; will release early again this year – end of July/first of August
- sanofi pasteur – 61M doses this year (up 10M doses from last year); 10% will be high-dose flu vaccine – list price is \$25/dose; should know in April if this will be covered by Medicare
- GlaxoSmithKline (GSK) – new indication for 3 years and above (down from 18 years); closed private pre-book on February 1st; people started pre-booking in October vs. January; 4-6 M doses for the public - CDC (not part of pre-booked channel); around 24M doses total for 2010-11; 3M CDC channel; 17M Fluarix; 17M Flulaval
- Novartis – no report
- CSL Biotherapies – no report
- Roche – no report

Flu Gossip

Exit strategy for H1N1 vaccine – first, keep vaccinating! Then, we don't know yet. MDCH is working with CDC to get guidance on disposing vaccine. Stay tuned – we will pass on this information as soon as we can.

Additional comments:

Why can't immunizations be a required CME course for nurses or physicians?
It's a long process, but it could be done. Discussed this issue being brought up at MACI.